

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

35659

FILED DEC 13 1948

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 1286

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1204 South 24th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 46 years  
years, months or days

3. (a) PRINT FULL NAME Granval Truman Hagerty

3. (b) If veteran, ☒ name war none 3. (c) Social Security No. 499-16-4934

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Hazel Greathouse Hagerty 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 17, 1902  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>46</u>	<u>6</u>	<u>28</u>	hr. min.	

9. Birthplace St. Joseph, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Utility man

11. Industry or business \_\_\_\_\_

12. Name Granval Hagerty  
13. Birthplace King City, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Hall  
15. Birthplace Wattsburg, Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Granval Hagerty

(b) Address 1204 South 24th street

17. (a) Burial (b) Date thereof Nov. 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barnard Cemetery

18. (a) Signature of funeral director E. H. Eidenfaden

(b) Address 602 South 10th street

19. (a) 12-7-48 (b) E. H. Eidenfaden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1204 South 24th street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25  
year 1948 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from August 8, 1948 to October 4, 1948  
that I last saw him alive on October 4, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cachexia</u>	<u>6 wks.</u>
<u>Due to Carcinoma of Lung</u>	<u>4 mos.</u>

Due to \_\_\_\_\_  
Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings: ✓  
Of operations ✓  
Of autopsy ✓  
PHYSICIAN 475  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
While at work \_\_\_\_\_ Means of injury 0  
23. Signature Charles P. Schneider (M. D. or other)  
Address Schneider Building Date signed 11-25-48

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Mollie E. Sidenfaden*

Licensed Embalmer No.

*4235*

P. O. Address

*St Joseph, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**